

# Sunday Mens 11v11 Soccer Roster and Participant Release Form



Team Name \_\_\_\_\_ Season \_\_\_\_\_ Year \_\_\_\_\_

I hereby contract to fully abide by the rules and regulations established by the Parks and Recreation Department of the City of Hillsboro governing the Soccer program. Infraction of those rules can result in dismissal from the program of the individuals involved, and possibly dismissal of the team.

I agree, that in consideration of the services rendered and to be rendered by the Parks and Recreation Department, the organizers, sponsors and supervisors, that I assume all risks and hazards incidental to the conduct of this activity including but not limited to the risk of personal injury attendant therewith. I hereby release, absolve, indemnify and hold harmless the Parks and Recreation Department, the organizers, sponsors and supervisors, any and all of them. In the event of personal injury, I waive all claims to damage against the above mentioned parties. I understand that there is no insurance coverage provided for this activity and further understand that the acquisition of insurance coverage is my personal responsibility.

**INSTRUCTIONS:**      **PRINT or TYPE**      **List all out of school district players first.**      Fill out completely and accurately.      **Please check box for City Residents**  
 Use residence address only. Inaccurate information will be cause for non-acceptance.      **ALL players must be 18 years of age or older**

Print Name	Signature	Oregon Adult Soccer Association ID#	Expiration Date	Home Phone	City Resident?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Add					
Add					
Add					
Add					
Add					

FOR COMPANY TEAMS ONLY: I hereby certify that the above listed players are full-time employees of the \_\_\_\_\_ company in the City of Hillsboro.

Personnel Officer Signature: \_\_\_\_\_ Personnel Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 (Please Print Name)